	Effective December 29, 1999												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER SMALL		
FOR NUMBER FILED			R FILED	NUMBER	EXTRA		RATE	FEE	1	RATE	FEE		
BASIC FEE							1.4	345.00	OR	·	690.00		
TOTAL CLAIMS			/g minus 20= •					X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS 5 . minus 3					3=: 2	= : 2				OR	X78=	15%	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=			+260=	1-12	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR OR	TOTAL	OLL.	
CLAIMS AS AMENDED - PART II								IOIAL		UN	OTHER	THAN	
(Column 1) (Column 2						(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENOMENT A		REM AF	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	·
	Total	ح .	7	Minus	20	= <b>K</b>		X\$-9=		OR	X\$18=	350	772
	Independent	-	1	Minus		3		X39=		OR	200	12	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130=		OR	+260=		
Best Available Copy								TOTAL ADDIT. FEE		امرا	TOTAL ADDIT. FEE	424	
ć	216106		umn 1)		(Column 2)	(Column 3)	,	49011. FEE			AUUII. FEE	——— <u>—</u>	
AMENDMENT B		REM Al	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 4	-	Minus	<del>- 20</del>	= /	I	X\$ 9=		OR	X\$18=	,	
	Independent	· /		Minus	5	= /		X39=		OR	X78=		
	FIRST PRESE	NIATE	ON OF MI	JLTIPLE DEP	ENDENT CLAIM			+130=		OR	+260=	/	
					•		ı	TOTAL			TOTAL ADDIT, FEE	/	1
		(Col	umn 1)		(Column 2)	(Column 3)	•	NUUII. FEE		,	תטטוו. רכב		1
AMENDMENT C		REM	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	**	#		X\$ 9=		OR	X\$18=		1
	Independent	·		Minus	***	=		X39=		OR	X78=		1
_	FIRST PRESE	NTATIO	ON OF MI	JLTIPLE DEP	ENDENT CLAIM			+130=					1
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+260=		·
***	If the "Highest Nu	mber Pr	eviously P	aid For IN THE	S SPACE is less the S SPACE is less the Independent) is the	an 3, enter "3."	•	TOTAL ADDIT. FEE and in the ap			ADDIT. FEE		

FORM PTO-675 (Rev. 12/99) Application or Docket Number